

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937584** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6						
7			1			
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50						
TOTAL IND.			5			
TOTAL DEP.			16			
TOTAL CLAIMS			21			

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					